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CONTENTS

THE REDISCOVERY OF THE ORIGINAL CHRISTIAN METHOD: *The Method of the New Testament.*
H. SCHUMACHER, D.D.....*Page* 98

ON THE LOVELINESS OF MARY:
ST. ALPHONSUS DE LIGUORI.....*Page* 112

THE SOCIETY AT HOME: *Happenings at the Motherhouse and Here and There.*
SISTER AGNES MARIE, S.C.M.M., R.N.....*Page* 113

THE SOCIETY ABROAD: *News from the Medical Missionaries in England and India.*
SISTER AGNES MARIE, S.C.M.M., R.N.....*Page* 118

THE SANTALS OF PATNA MISSION, INDIA: *An account of one of the chief aboriginal tribes of Patna.*
REV. JAMES A. CREANE, S.J.....*Page* 123

A WORLD TOUR OPEN TO ALL: *The introduction to a unique study of the mission world.*
REV. HEINRICH GOERTZ.....*Page* 126

THE MOTHER AND CHILD IN NORTH INDIA: *An account of Maternity and Child-welfare work in Rawalpindi.*
SISTER MARGARET MARY, S.C.M.M., R.N.....*Page* 129

ANOTHER LETTER ANSWERED: *An incident in the Motherhouse office.*
SISTER ALMA JULIA, S.C.M.M., Ph.G., M.T.....*Page* 135

BOOK REVIEWS AND REVIEW OF REVIEWS: *A bird's-eye view of Catholic thought on missions from the leading Catholic mission periodicals of the world. Interesting articles in foreign magazines.*
SISTER M. ELISE, S.C.M.M.....*Page* 139

The July Number of the

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Is Dedicated

to

THE TENTH NATIONAL CONVENTION

of the

CATHOLIC STUDENTS' MISSION CRUSADE

To Be Held in

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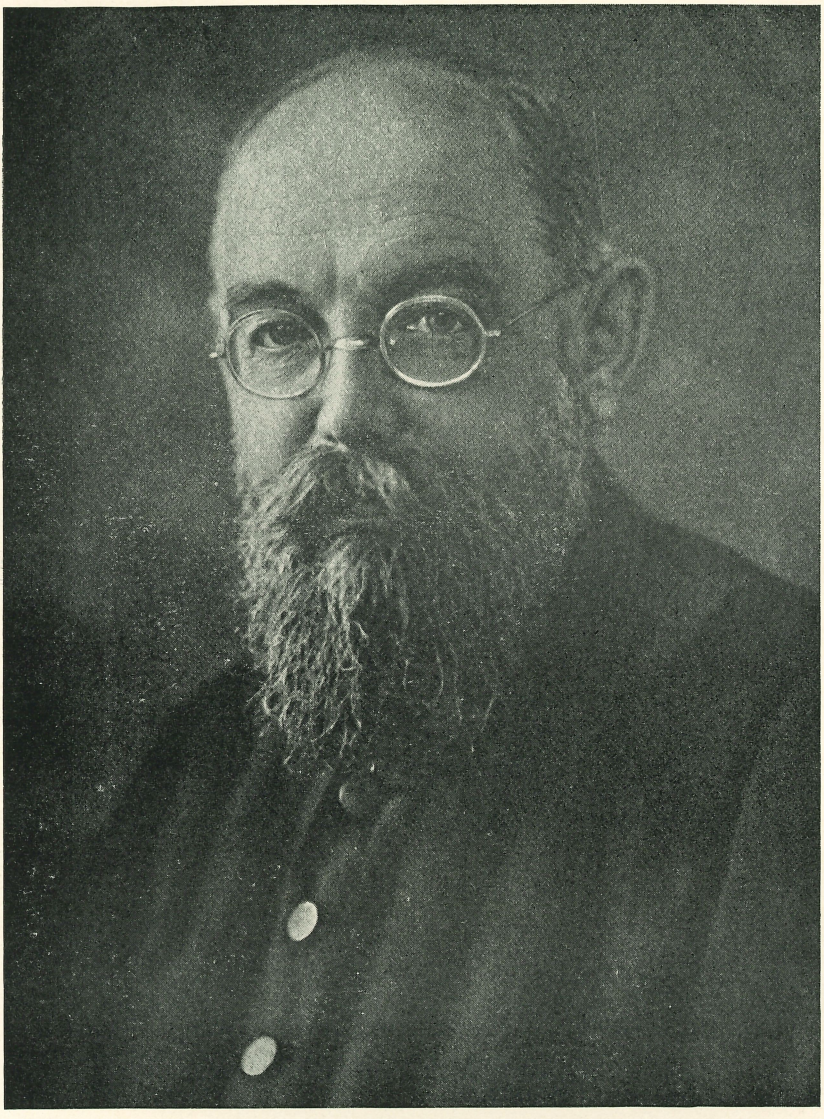


Prof. Dr. C. Becker, S.D.S.

✠ Prof. Dr. C. Becker, S.D.S. ✠

With the passing of the Rev. Dr. C. Becker, S.D.S., Founder and Rector of the Catholic Medical Mission Institute of Würzburg, Germany, one of the outstanding pioneers in this apostolate has gone to his reward. Not only by reason of this historical association of his name with the apostolate in which our Sisters have dedicated their very lives but also by the very intimate and filial bonds that connected our Society to the Würtzburg Institute, THE MEDICAL MISSIONARY expresses its deep and sincere grief to the acting director, Rev. Karl Maria Bosslet, O.P., and to all the members of the Institute.

Doctor Becker was Prefect Apostolic of Assam, which before the World War was entrusted to the Society of the Divine Savior. When war broke out Doctor Becker, with the other German missionaries, lived in concentration camps in India and was repatriated to his home country after peace was declared.

Almost coincidentally with his return to Europe he began to interest people in medical missions and eventually, at the All-Catholic Day in Würzburg in 1920, after he gave his report on "Medical Care in Mission Countries," which report was published the following year, steps were taken to meet the situation. At a meeting of missionary superiors and leading German mission associations on January 2, 1922, it was decided to found a Medical Mission Institute, which Institute became a reality in a small rented house in Würtzburg on the Feast of Saint Francis Xavier, December 3, 1922. It was the first institute of its kind in the Catholic Church. In 1928 the present fine building was erected. The Holy Father contributed a foundation stone of 20,000 marks.

Dr. Becker was a special friend of both Doctor Anna Dengel and Rev. Michael A. Mathis, C.S.C., and always kept in the closest and most friendly touch with our Society by mutual visits and frequent correspondence.

Requiescat in Pace.

THE RE-DISCOVERY OF THE ORIGINAL CHRISTIAN MISSION METHOD

By H. Schumacher, D.D.

Reverend Heinrich Schumacher, D.D., is unquestionably one of the outstanding Catholic scholars of New Testament exegesis in the United States. His recent book, THE SOCIAL MESSAGE OF THE NEW TESTAMENT, emphasized so unmistakedly the Divine mark of Christ's Divinity through works of mercy, especially His miracles of healing, that he was asked to enlarge upon this subject for THE MEDICAL MISSIONARY. We are deeply grateful to Doctor Schumacher for his prompt and scholarly compliance with our request.—The Editor.

We are living in a fascinating age of discoveries and inventions not only in the field of physical science but also in the domain of religious-social experience. In regard to the latter we rather should speak of a re-discovery of great and invaluable principles which, in the course of time, were submerged in the flood of philosophical and theological speculation but which, under the pressure of new developments and by the efforts of energetic and progressive thinkers have emerged to the surface at a time when humanity needed them most.

Re-discovery of the Social Value of the New Testament

It is only recently that we witnessed the astonishing re-discovery of the social meaning and value of the teaching of Christ and the Apostles. It is almost incredible that it needed a re-discovery, because at least half of the recorded words of Christ are concerned with the social behavior of man. How could it escape the notice of men acquainted with the Sacred Scriptures that the great categorical imperatives of Mt. Sinai, emphatically repeated by Christ, are mostly social in their character, that the memorable Sermon on the Mount, the "Our Father," the greatest prayer in the history of the world, the law of brotherly love, the law of the "Golden Rule," etc., convey fundamentally social messages, that the terrible condemnation at the Last Judgment, "Depart from me, you cursed, into everlasting fire which was prepared for the devil and his angels" (Matt. 25, 47), is directed against those who violate their social duties? The social voice of the New Testament sounds so loud from the beginning to the end that one would think that it should penetrate even deaf ears!

And yet it passed human ears for a surprisingly long time unnoticed, as is readily admitted today. Lugan, in his book, "Social Principles of the Gospel," regrets frankly this lack of understanding even among Catholics. So does John A. Ryan in his Preface to Lugan's book. And Garriguet complains with equal frankness: "It is an extraordinary fact . . . that in a century like ours, when Christians are invited to take an interest in social questions, so little systematic and scientific study should have been given to the social teaching of Christ. For a long time people occupied themselves exclusively with the religious and supernatural side of His mission. Forgetting the example of the Fathers of the Church and of the great theologians of the Middle Ages, they seemed to have no idea that the Gospel could be approached from any point of view but that of the theologian or the commentator." (*The Gospel and Our Social Problems* pg. 31.) Today this half-forgotten land of the New Testament is re-discovered and eagerly cultivated, mostly by non-Catholic scholars, but recently, due to the inspiring proclamations of the Holy Father, also by Catholics—a remarkable re-discovery and a fortunate progress!

RE-DISCOVERY OF THE ORIGINAL MISSION METHOD

In a similar way we witness today another re-discovery of fascinating interest and of the greatest importance—the re-discovery of the original Christian Mission method, as represented in the writings of the New Testament, i. e., the method of the Medical Mission.

This re-discovery marks a new and brilliant era in the history of Christian mission work, the era of the most Christ-like method of bringing the good tidings of the Gospel to human souls in far-away countries, a method which picks up the threads dropped long ago by following Christ and the Apostles literally in their efforts to propagate the new religion not only by preaching, but by preaching and by healing. We gaze with admiration at this dawn of what will be a glorious day in the annals of Christian mission work!

It is self-evident that the "medical" element, i. e., the practice of helping and healing the sick, could never have been entirely separated from any Christian mission activity, as the care of the poor and the sick can never be divorced from the true spirit of the Gospel of Christ. But for the first time in the history of Christian missions we find today a systematic medical institution, combined with the practice of preaching the Gospel, imitating Christ and the Apostles as preachers and as healers.

Also here, as in the history of the social evaluation of the New Testament teaching, we have truthfully to admit a certain tardiness on the part of Catholics. Dr. M. Mathis, C.S.C., states cautiously: "The achievement of Protestants here, we must say it to their credit, is noteworthy. . . . Truly we must admit that in Our Lord's words, 'The children of this world are wiser in their generation than the children of the light'" (THE MEDICAL MISSIONARY, Vol. X, pg. 57). Yet, more light from "the children of the light" would not be against the spirit of Christ! Dr. C. Becker, S.D.S., declares quite frankly, "In the sphere of medical missions we are far out-distanced by Protestant missions" (THE MEDICAL MISSIONARY, Vol. IX, pg. 52). But we may rejoice in the fact, that recently, especially through the inspiring encouragement of the present Supreme Pontiff, Pius XI, Catholics have fully realized the momentous significance of the new movement with its invaluable prospects. "The Medical Mission Institute began its existence in a small rented house in Würzburg, December 3, 1922. It was the first institute of its kind in the whole Catholic World" (Dr. C. Becker, THE MEDICAL MISSIONARY, Vol. IX, pg. 50). Meanwhile the sacred fire has spread over many countries. Since 1925 the Catholics of the United States can pride themselves on the "Society of Catholic Medical Missionaries" founded by Doctor Anna Dengel and the Reverend Michael A. Mathis, C.S.C., Washington, D. C.

We may wonder why it took so long to re-discover this "new world," which is as old as Christianity. Does not the mission method of Christ and the apostles with its outspoken medical character stand out like a beacon in the records of the New Testament?

To answer this question is the purpose of the following pages.

CHRIST, THE FIRST MEDICAL MISSIONARY

We are so accustomed to the mechanical repetition of the traditional phraseology that Christ is our "God and Saviour" that we do not arrive instantaneously at the full realization of the fact that as such He had a *mission* from the Eternal Father to humanity, that, therefore, He was a *Missionary*, the first Missionary of Christianity. He declares expressly: "The Father hath sent me" (John 20, 21): and St. Paul hails Him as the "Apostle and High-priest of our confession" (Hebr. 3, 1) which means: the "Missionary and High-priest of our Faith." As the wandering preachers and missionaries of pagan religious philosophy (like the philosophers of the Diatribe) combined

their teaching with some kind of medical practise or healing, so did Christ, the Divine Missionary of the new era. As the Saviour did not create a new divine language to convey the message of His Gospel but used the existing human form of expression, so He accommodated Himself in His divine wisdom to the existing human experience in His missionary method and appeared to humanity as a preaching physician. Such are the mysterious ways of Divinity.

Christ introduced Himself to the world emphatically as a "physician," as a physician of soul and body. When the Pharisees and Scribes murmured, because He ate and drank with the publicans, Christ replied briefly: "They that are whole, need not the *physician,* but they that are sick" (Luke 5, 31). When the suffering woman "who had bestowed all her substance on physicians, and could not be healed by any," appealed to the Divine Physician He healed her by letting her touch his garment (Luke 8, 43-44). When He gave His spectacular speech in the synagogue of His home village, Nazareth and His countrymen asked in wonder: "Is not this the son of Joseph?", He read their doubting thoughts and told them: "Doubtless you will say to me this similitude: Physician, heal thyself: as great things as we have heard done in Capharnaum, do also here in thy own country." But the Divine physician refused His healing power to those who did not deserve it and added: "No prophet is accepted in His own country" (Luke 4, 23-24).

All this does not mean that Jesus was a professionally trained physician. But as the supreme Healer of mankind He claimed this title and by this claim and His deeds of healing consecrated the medical profession and its work for mankind. And since the Missionary and the Physician are united in His divine personality, He consecrated especially the work of those who combine the preaching of the Gospel with the Medical profession as medical missionaries. The first and supreme Medical Missionary, the head and leader of all medical missionaries is Christ, the "Physician" and "Preacher" of the Gospel.

THE MEDICAL CHARACTER OF CHRIST'S MISSIONARY WORK

The purpose of Christ's mission in this world was the Salvation of man's body and soul. But Christ claims most emphatically that the medical character of His missionary work, i.e., His deeds of healing, is the distinctive mark and decisive proof of this divine mission. Time and again Christ appeals to His miracles, especially the miracles of healing, as the ultimate proof of His claims.

When John the Baptist directed from his prison two of his disciples to go to Jesus with the question: "Art thou he that is to come, or look we for another?" Christ gives the memorable answer: "Go and relate to John what you have heard and seen: the blind see, the lame walk, the lepers are made clean, the deaf hear, the dead rise again, to the poor the Gospel is preached" (Luke 7, 19-22). By the combination of the Gospel-preaching with the miracles of healing the world should know that the Messias had come at last. It is quite a distinction for the medical missionary to be privileged to reproduce the messianic work of Christ by his own work of the twofold character of preaching and healing!

There is another dramatic scene: Jesus enters the synagogue of Nazareth and, as a Rabbi, requests to be heard. The Gospel reports the following impressive story: "The book of Isaias the prophet was delivered unto Him. And as He unfolded the book, He found the place where it was written: 'The spirit of the Lord is upon me, wherefore he has anointed me to preach the gospel to the poor, he hath sent me to heal the contrite of heart, to preach deliverance to the captives, and sight to the blind, to set at liberty them that are bruised, to preach the acceptable year of the Lord and the day of reward.' And when He had folded the book, He restored it to the minister and sat down. And the eyes of all in the synagogue were fixed on Him. And He began to say to them: 'This day is fulfilled this scripture in your ears' " (Luke 4, 17-21). Again, the combination of the preaching of the Gospel and the healing of the sick is the sign of the arrival of the Messias! Jesus, as the Divine Medical Missionary, proves the fulfillment of the prophecies. This is His claim.

CHRIST'S MIRACULOUS HEALINGS

Is there any evidence to support this claim? Indeed, there is a momentous record of Christ, the first medical missionary, a record unheard of in the history of the world. Our modern critics may deny the existence of the wonderland of miracles. Here is not the place to disprove their denial. We accept the venerable reports of the Gospels as they stand. The miracles of Christ tower over the whole Gospel narrative as a majestic range of mountains soars over a romantic landscape. The highest peaks in this miracle world are the miracles of healing and raising the dead. Let us have a brief bird's-eye-view:

We hear first in general that Christ healed the sick: "He coming forth saw a great multitude and had compassion on them and healed

their sick" (Matt. 14, 14). Again: "When the men of that place (Genesar) had knowledge of Him they sent into all that country and brought to Him all that were diseased. And they besought Him that they might touch but the hem of His garment. And as many as touched, were made whole" (Matt. 14, 35-36). Again: He "came into the borders of Judea beyond the Jordan, and a great multitude followed Him, and He healed them there" (Matt. 19, 1-2).

Then we find a great number of touching individual scenes of healing. Here He heals a woman with a "fever"; "When Jesus was come into Peter's house, He saw his wife's mother lying and sick of a fever. And He touched her hand and the fever left her" (Matt. 8, 14-15). There He heals two blind men: "When they went out from Jerico, a great multitude followed Him. And behold two blind men sitting by the wayside heard that Jesus passed by, and they cried out, saying: Lord, thou son of David, have mercy on us . . . and Jesus stood and called them and said: What will ye that I do to you? They say to Him: Lord, that our eyes be opened. And Jesus having compassion on them touched their eyes. And immediately they saw and followed Him" (Matt. 20, 29-34). Again, He cures a man sick of the palsy: "Behold they brought to Him one sick of the palsy lying in a bed. And Jesus, seeing their faith, said to the man sick of the palsy: Be of good heart, son, thy sins are forgiven." The Scribes, who witnessed the scene, pretended to be scandalized. Who can forgive sins but God alone! Jesus silenced them by demonstrating His healing power: "That you may know that the Son of man hath power on earth to forgive sins (then said He to the man sick of the palsy) Arise, take up thy bed and go into thy house" (Matt. 9, 2-7). Again, He cures a man with a withered hand: "Behold there was a man with a withered hand, and they asked Him, saying: Is it lawful to heal on the Sabbath days? that they might accuse Him. But He said to them . . . It is lawful to do a good deed on the Sabbath days. Then He saith to the man: Stretch forth thy hand, and he stretched it forth, and it was restored to health even as the other" (Matt. 12, 10-13). On another occasion He cures a man from leprosy, the typical disease of Palestine at that time: "Behold a leper came and adored Him, saying: Lord, if thou wilt, thou canst make me clean. And Jesus stretching forth His hand, touched him, saying: I will, be thou made clean. And forthwith his leprosy was cleansed" (Matt. 8, 2-3). Again, He heals a whole group of lepers: "As He entered into a certain town, there met Him ten men that were lepers, who stood afar off, and lifted up their voice, saying: Jesus, master, have mercy on us. Whom

when He saw, He said: Go, show yourselves to the priests. And it came to pass, as they went, they were made clean" (Luke 17, 12-14). Again, "There was a certain woman having an issue of blood twelve years, who has bestowed her substance on physicians, and could not be healed by any. She came behind Him and touched the hem of His garment, and immediately the issue of her blood stopped" (Luke 8, 43-44). The Gospel speaks of a peculiar kind of disease, i.e., those possessed by the devil. Jesus heals them: "They brought to Him many that were possessed with devils; and He cast out the spirits with His word, and all that were sick He healed" (Matt. 8, 16). "Then was offered to Him one possessed with a devil, blind and dumb, and He healed him, so that he spoke and saw" (Matt. 12, 22). "There came to Him a man falling down on his knees before Him, saying: Lord, have pity on my son, for he is a lunatic, and suffereth much; for he falleth often into the fire and often into the water. . . . And Jesus rebuked him, and the devil went out of him, and the child was cured from that hour" (Matt. 17, 14-17).

The climax of this imposing list of miracles is reached when we read that Jesus even called the dead to life: "A certain ruler came up and adored Him, saying: Lord, my daughter is even now dead, but come, lay thy hand upon her, and she shall live. . . . He went in and took her by the hand, and the maid arose" (Matt. 9, 18-25). "He went into a city that is called Naim . . . and when He came nigh to the gate of the city, behold a dead man was carried out, the only son of his mother . . . and He came near and touched the bier . . . and He said: Young man, I say to thee, arise. And he that was dead, sat up and began to speak. And He gave him back to his mother" (Luke 7, 11-15).—The miracle of miracles in the New Testament is the resuscitation of Lazarus, the friend of Jesus: Lazarus was already four days in his grave when Jesus arrived. The Lord went there and "cried with a loud voice: Lazarus, come forth. And presently he that had been dead came forth" (John 11, 1-44). As if he wanted to sum it all up in a short sentence, St. Matthew writes in his Gospel: "There came to Him great multitudes, having with them the dumb, the blind, the lame, the maimed, and many others. And they cast them down at His feet and He healed them, so that multitudes marvelled seeing the dumb speak, the lame walk, the blind see. And they glorified the God of Israel" (Matt. 15, 30-31).

HEALINGS, SYMBOLIC FOR MEDICAL MISSIONARIES

Two healings deserve here our special attention, since they contain a beautiful symbolism for medical missionaries, who go to foreign, perhaps hostile countries, to offer their help to the sick. I mean the healing of the servant of the pagan centurion and the healing of the Jew by the "good Samaritan" in the famous parable. Jesus did not hesitate to extend His healing power to foreigners and pagans: "The servant of a certain centurion, who was dear to him, being sick was ready to die. And when he had heard of Jesus he sent unto Him the ancients of the Jews, desiring Him to come and heal his servant." And Jesus went forth to help the foreigner and pagan. The Gospel says briefly: "And they who were sent, being returned to the house, found the servant whole who had been sick" (Luke 7, 2-10). And here is the classical type of the medical missionary, the "good Samaritan." The Jews considered the Samaritans as their bitter enemies. The parable describes how a certain Jew "went down from Jerusalem to Jericho and fell amongst robbers, who also stripped him, and having wounded him went away, leaving him half dead." Two men of his own nation saw him and passed by. But the stranger and "enemy," the Samaritan, "came near him, and seeing him was moved with compassion, and going up to him, bound up his wounds, pouring in oil and wine; and setting him upon his own beast, brought him to an inn and took care of him. And the next day he took out two pence and gave to the host and said: Take care of him, and whatsoever thou shalt spend over and above, I at my return will repay thee" (Luke 10, 30-35). This touching picture of the "good Samaritan," giving medical help to a foreigner and stranger, will be forever the sacred coat-of-arms for all medical missionaries.

MEDICAL CHARACTER OF CHRIST'S MISSIONARY COMMAND

We witnessed the missionary method of Christ Himself throughout the Gospel. It is truly the method of a medical missionary who combines preaching with healing. How did the Master missionary and Head of the first Christian "mission band" send out His Apostles? We are impressed by the fact that Christ's missionary command and the missionary activity of the Apostles, as described in the Gospel, are constantly connected with "healing." The Divine Medical Missionary saw fit also to send His Apostles into the world as medical missionaries. "As the Father sent Me, I also send you" (John 20, 21).

In the memorable and solemn hour when Christ sent out His

Apostles for the first time, He sent them as healing preachers, or medical missionaries: "Having called His twelve disciples together, He gave them power over unclean spirits, to cast them out, and to heal all manner of diseases and all manner of infirmities. . . . These twelve Jesus sent, commanding them, saying: . . . Going, preach, saying: The kingdom of heaven is at hand. Heal the sick, raise the dead, cleanse the lepers, cast our devils. Freely have you received, freely give" (Matt. 10, 1-2). Perhaps, the brief account of this event by St. Luke is even more striking: "Calling together the twelve apostles, He gave them power and authority over all devils and to cure diseases. And He sent them to preach the Kingdom of God and to heal the sick" (Luke 9, 1-2). In this context we hear at the same time, how the Apostles carried out the Lord's command: "Going out, they went about through the towns, preaching the gospel and healing everywhere" (Luke 9, 6). St. Mark adds an interesting note about "anointing with oil": "He gave them power over unclean spirits . . . and going forth they preached that men should do penance. And they cast out many devils and anointed with oil many that were sick, and healed them" (Mark 6, 7-13)—the combination of preaching and healing!

This privilege of healing and preaching was not exclusively reserved to the Apostles. We read another account in St. Luke about the sending of seventy-two disciples who received substantially the same command of Christ as the Apostles: "The Lord appointed also other seventy-two, and He sent them two and two before His face into every city and place whither He Himself was to come. And He said to them: . . . Heal the sick . . . and say to them: The Kingdom of God is come nigh unto you" (Luke 10, 1-9). They returned after some time and reported their missionary success: "The seventy-two returned with joy, saying; Lord, the devils also are subject to us in Thy name" (Luke 10, 17). "Preach and heal," "Go out as medical missionaries"—this is the remarkable substance of the missionary command of Christ Himself!

THE APOSTLES AS MEDICAL MISSIONARIES

The so-called "Acts of the Apostles" give us a vivid description, as to how the Apostles carried out the command of their Master. Their missionary work is a faithful continuation of the missionary method of Christ, consisting of preaching and healing. Let us have a brief survey of the activity of the first missionaries of Christ in their character of "medical missionaries."

Here is a beautiful scene right in the beginning of the Acts: "Peter and John went up into the temple at the ninth hour of prayer. And a certain man who was lame from his mother's womb, was carried, whom they laid every day at the gate of the temple . . . that he might ask alms of them that went into the temple. He, when he had seen Peter and John about to go into the temple, asked to receive an alms. . . . But Peter said: 'Silver and gold I have none, but what I have I give thee. In the name of Jesus Christ of Nazareth arise and walk.' And taking him by the right hand, he lifted him up, and forthwith his feet and soles received strength. And he leaping up, stood and walked and went in with them into the temple, walking and leaping and praising God." The missionary result of this deed is briefly summarized in the words: "All men glorified what had been done, in that which had come to pass" (Acts 2, 1-4, 21).

The Jewish authorities were bitterly annoyed by this miracle and "threatened" the Apostles. But the Apostles retired to "their own company," evidently a little meeting place of the first Christians, and sent up their prayers to the Lord, asking for the power of healing: "Lord, behold their threatenings and grant unto thy servants that with all confidence they may speak thy word, by stretching forth thy hand to cures and signs and wonders to be done by the name of thy holy Son Jesus" (Acts 4, 29-30)—the prayer of the first medical missionaries for the power of "preaching and healing!"

God heard the prayers of the humble missionaries, and the result was astonishing: "The multitude of men and women who believed in the Lord, was more increased; insomuch that they brought forth the sick into the streets, and laid them on beds and couches, that when Peter came, his shadow at the least might overshadow any of them, and they might be delivered from their infirmities. And there came also together to Jerusalem a multitude out of the neighboring cities, bringing sick persons and such as were troubled with unclean spirits, who were all healed" (Acts 5, 14-16)—a glorious success for St. Peter, the first Pope and the first medical missionary after Christ Himself!

One day, St. Peter, on a missionary trip, came to Lydda. "And he found there a certain man named Eneas, who had kept his bed for eight years, who was ill of the palsy. And Peter said to him: Eneas, the Lord Jesus Christ healeth thee. Arise and make thy bed. And immediately he arose" (Acts 9, 33-34).

The climax of St. Peter's miracles is the raising of Tabitha in

Joppe. "This woman was full of good works and almsdeeds which she did. And it came to pass in those days that she was sick and died. . . . And for as much as Lydda was nigh to Joppe, the disciples hearing that Peter was there, sent unto him two men. . . . And Peter rising up, went with them. . . . And Peter kneeling down prayed, and turning to the body, he said: Tabitha, arise. And she opened her eyes, and seeing Peter, she sat up. And giving her his hand, he lifted her up. And when he had called the saints and the widows, he presented her alive." And the Acts add a note on the missionary result of the miracle: "It was made known throughout all Joppe, and many believed in the Lord" (Acts 9, 36-42).

Just as Christ's miraculous healings were not only acts of mercy and charity, but the means to draw the hearts of suffering men and women to Him and His Gospel, so St. Peter's cures are also the powerful means to propagate the glad tidings—"and many believed in the Lord." The miracles of healing, more than the other miracles, are the divine guides to the Sanctuary of Christian truth.

The missionary activities of St. Paul is another proof for the fact that "preaching" and "healing" are inseparable factors in the apostolic mission.

On one of his missionary journeys St. Paul came to Lystra, a city of Asia Minor. "And there sat a certain man at Lystra, impotent in his feet, a cripple from his mother's womb, who never had walked. This same heard Paul speaking. Who looking upon him, and seeing that he had faith to be healed, sayeth with a loud voice: Stand upright on thy feet. And he leaped up and walked." And describing the enormous effect the miracle had on the people, the Acts add: "When the multitudes had seen what Paul had done, they lifted up their voice in the Lycaonian tongue, saying: The gods are come down to us in the likeness of men" (Acts 14, 7-10).

Another "city of St. Paul" in Asia Minor is Ephesus, where the Apostle spent two years preaching and healing. "He spoke boldly . . . disputing and exhorting concerning the kingdom of God. . . . And God wrought by the hand of Paul more than common miracles. So that even there were brought from his body to the sick, handkerchiefs and aprons, and the diseases departed from them, and the wicked spirits went out of them." The Acts add here again a word about the effect of Paul's miraculous deeds: "So mightly grew the word of God and was confirmed" (Acts 19, 8-20).

Another miraculous deed was performed by St. Paul in Troas,

also a city of Asia Minor. The Apostle gave a long speech in the "upper chamber" of a house. "And a certain young man named Eutychus, sitting on the window, being oppressed with a deep sleep (as Paul was long preaching) by occasion of his sleep fell from the third loft down and was taken up dead. To whom, when Paul had gone down, he laid himself upon him, and embracing him, said: Be not troubled, for his soul is in him. . . . And they brought the youth alive, and were not a little comforted" (Acts 20, 7-12).

As a prisoner on his way to Rome, St. Paul suffered shipwreck, and swam with many others to the shores of the little island Melita. The Acts narrate two incidents on this island which interest us here. The first is St. Paul's own rescue from a viper. It was raining and cold, and there was need of a fire. "And when Paul had gathered together a bundle of sticks and had laid them on the fire, a viper coming out of the heat, fastened on his hand. And when the barbarians saw the beast hanging on his hand, they said one to another: Undoubtedly this man is a murderer, who though he hath escaped the sea, yet vengeance does not suffer him to live. And he indeed shaking off the beast into the fire, suffered no harm. But they supposed that he would begin to swell up, and that he would suddenly fall down and die. But expecting long, and seeing that there came no harm to him, changing their minds, they said he was a god" (Acts 28, 3-6). The miracle of his own rescue from a poisonous snake led the unbiased mind of the "barbarians" finally to the recognition of divine power—the miracle in the service of truth.

The second incident is the healing of the father of Publius, the "chief man" of the island: "It happened that the father of Publius lay sick of a fever and of a bloody flux. To whom Paul entered in, and when he had prayed and laid his hands on him, he healed him. Which being done, all that had diseases in the island came and were healed" (Acts 28, 8-9). Even as a prisoner, St. Paul remains a medical missionary in foreign lands!

This brief bird's-eye view has shown us Christ and the Apostles as "preachers" and "healers" in their work for the kingdom of God. The original mission method of Christ and the Apostles was undoubtedly that of "medical missionaries." The Gospel was carried through the earliest times of Christianity on the wings of miracles, especially miracles of healing. The records of the New Testament represent therefore the *magna charta* for all future medical missionaries.

In the book of Exodus we read the thrilling story that Moses

was forty days on the mountain conversing with God. There the leader of Israel received his instructions concerning the construction of the Tabernacle and the liturgical rules for the religious service. And God said: "Make it according to the pattern, that was shown thee in the Mount" (Ex. 25, 40). The "pattern on the Mount" for the Christian missionary will be always Christ and His Apostles, the first missionaries of the new era—and they were "medical missionaries." The "pattern" has been rediscovered and the missionary method of our modern medical missionaries is in reality a return to the original Christian mission method with its combination of "teaching and healing."

THE LESSON OF "THE PATTERN ON THE MOUNT"

What, then, are the practical conclusions from this brief survey in relation to our modern missionaries, especially the medical missionaries? One is of personal importance for the missionary himself, the other of special significance for his work.

If there is any truth in the words of St. James that "Faith, if it have no works, is dead in itself" (James 2, 17), faith with works is true living religion and the missionary, especially the medical missionary, is the outstanding representative of living religion. He not only preaches but acts the Gospel by the works of mercy and charity. And the medical missionary, above all, occupies the place of honor. While a missionary cannot carry out his noble work with success without some works of mercy and charity, the medical missionary preaches the Gospel of Christ most efficiently by the works of his special calling, which are not only general deeds of charity, but the greatest, most noble and most helpful deeds of charity, i.e. deeds of healing. The medical missionary is in the truest sense an *alter Christus,* another Christ, who reproduces exactly the method of the Messias two thousand years ago, by teaching and healing; he is the most loyal imitator of the Apostles who went into the world as preaching physicians; he is the most faithful follower of St. Paul, the great preaching physician in foreign countries of the ancient world. What the Apostle of the Gentiles did in Asia Minor, Macedonia, Greece, Italy, and Spain, the medical missionaries do, as modern apostles to the Gentiles, in Africa, Asia, India, China, and Japan.

The significance of the "pattern on the Mount" for the method of missionary work is even more noteworthy. The missionary method of Christ and the Apostles must be the fundamental and inspiring

principle of any missionary work. Christ and the Apostles might have simply proposed the Gospel to the world and demanded unqualified obedience. They chose another way, a way which remains the example for all future missionaries. They used the works of mercy and kindness, especially the works of healing, as master-keys to the hearts of men. What power Christ Himself attributed to His works of mercy and healing is evident from His bitter condemnation of those who witnessed His deeds and refused His Gospel: "Woe to thee, Corozain, woe to thee, Bethsaida. For if in Tyre and Sidon had been wrought the miracles that have been wrought in you, they had long ago done penance in sackcloth and ashes. But I say unto you, it shall be more tolerable for Tyre and Sidon in the day of judgment, than for you. And thou Capharnaum, shalt thou be exalted up to heaven? Thou shalt go down even unto hell. For if in Sodom had been wrought the miracles that have been wrought in thee, perhaps it had remained unto this day. But I say unto you, that it shall be more tolerable for the land of Sodom in the day of judgment, than for thee" (Matt. 21-24). The works of mercy and healing guarantee, according to Christ, the truth of the Gospel: and they have to be recognized under penalty of hell fire.

True, Christ and the Apostles healed by miracles, the modern medical missionary heals by natural science. But both, miraculous healing and healing by medical science, have the same purpose, i.e. to open the hearts of men to the Gospel.

To this may be added in the interest of modern missionary activity in the Far East:

Firstly, as Father Mathis puts it: "The Orient is accustomed to associate religion with medicine, and, hence the religious sister, i.e. medical sister, fits naturally into the background of native ideas." (THE MEDICAL MISSIONARY. Vol. X, p. 54). In the Orient Providence has kindly prepared the ground for a successful activity of the medical missionaries. "The harvest indeed is great, but the labourers are few; pray ye therefore the Lord of the harvest, that He send forth labourers into his harvest" (Matt. 9, 37-38).

Secondly, the situation in India and countries with similar conditions is such, that only the medical mission sister finds the road open to a complete missionary work. She is permitted to enter the strictly guarded sanctuary of the family and to reach the womanhood of India by her medical help. To quote Father Mathis again: "The modesty of Oriental women, on the one hand, and, on the other, the jealous guard demanded of the same by their husbands and menfolk,

to the point of establishing the purdah system, give the Catholic sister an accessibility and confidence nobody else can command" (ibid. p. 54). Also here we see the work of Divine Providence in the return of the medical mission sisters to the original missionary method of Christ by "preaching and healing."

On another occasion I said: "In one sense Christianity has to become primitive again to bring salvation to a modern world in its misery" (*Social Message of the New Testament*, p. 194). In a similar way the missionary of today, if he wants to be successful, has to become "primitive" again by combining, as Christ and the Apostles did, teaching and healing in the medical missionary work.

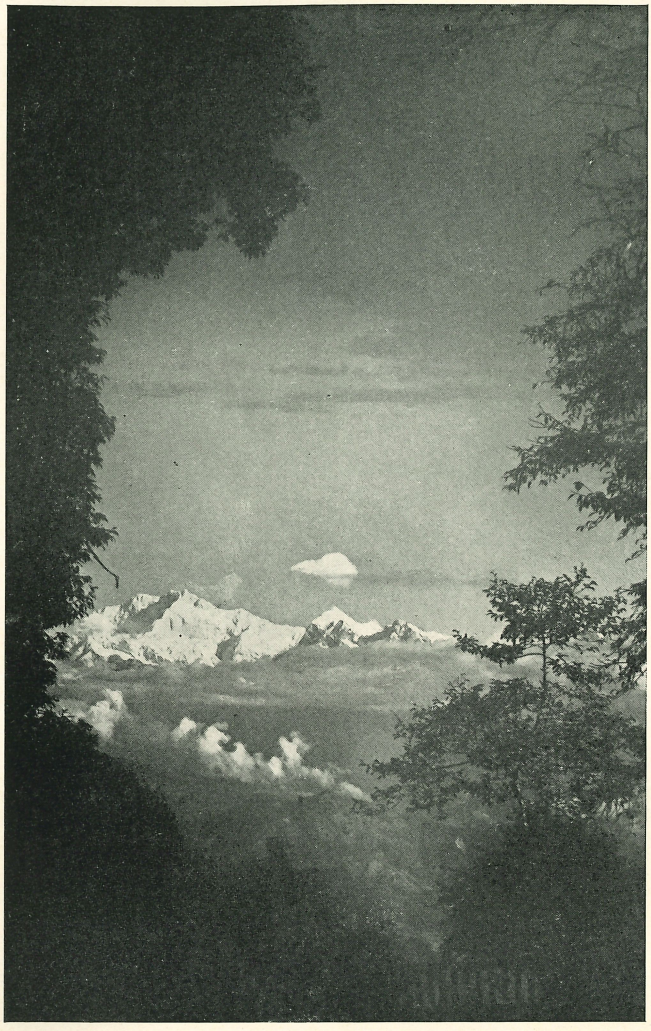
ON THE LOVELINESS OF MARY

By St. Alphonsus de Liguori
Translated by Edmund Vaughan, C.SS.R.

Raise your voices, vales and mountains,
Flowery meadows, streams and fountains,
Praise, oh, praise the loveliest Maiden
Ever the Creator made.
Murmuring brooks, your tribute bringing,
Little birds with joyful singing,
Come with mirthful praises laden—
To your Queen be homage paid.

Say, sweet Virgin, we implore thee,
Say, what beauty God sheds o'er thee:
Praise and thanks to him be given,
Who in love created thee.
Like a sun with splendour glowing,
Gleams thy heart with love o'erflowing;
Like the moon in starry heaven,
Shines thy peerless purity.

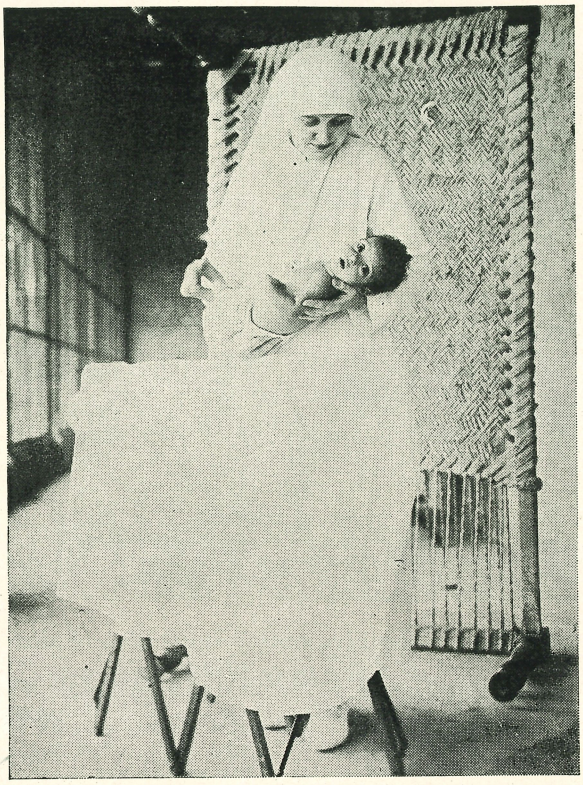
Like the rose and lily blooming,
Sweetly heaven and earth perfuming,
Stainless, spotless, thou appearest—
Queenly beauty graces thee.
But to God, in whom thou livest,
Sweeter joy and praise thou givest,
When to hi min beauty nearest
Yet, so humble thou canst be.



Kashmir
"Gorgeous expanses of mountain and valley—"
(See page 114)

Sister M. Joseph, S.C.M.M., on a Hike With Sister M. Aloise, C.S.C.

Santal Girls Who Could Be Taught Modern Nursing.

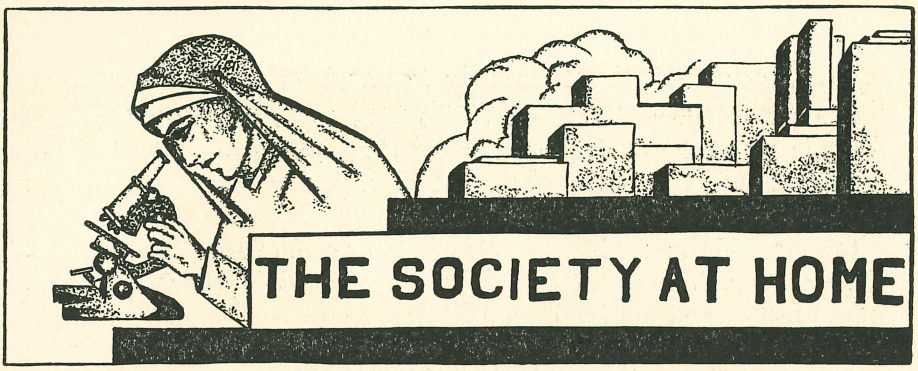


Sister Magdalen, S.C.M.M., With a Prize Baby.

Sister Therese, S.C.M.M., Thumbs a Ride.

"The mothers and babies give only a faint idea of the crowds—"
(See page 119)

"The girls ran with clay pots balanced on their heads—"
(See page 119)



WASHINGTON

Blossoms

With the coming of spring and summer the Medical Mission House chapel has been kept beautifully decorated with dogwood, apple blossoms, tulips, roses, and dozens of other blooms as each one came in turn. Visitors who came to Washington to see the Cherry Trees remarked that our cherry blossoms were as beautiful as those down town.

Canning

After hearing that the Japanese Cherry Trees around the Basin did not bear fruit we were easily convinced that ours were not only as beautiful but more useful. Such materialism! To think that we should look at a cherry tree in full bloom and see nothing but a shelf in the basement filled with canned cherries! The same holds for the apples, pears and plums. We gazed on our tiny truck garden and agreed that even "cabbages are beautiful." Alas! Medical Missionaries have to eat, and food does cut into funds carefully gathered for more esthetic purposes. Thus a fervent "Deo Gratias" that our fruit and vegetable crops are so abundant.

Allentown Mission Exhibit

The Medical Missionaries had a booth at a Mission Exhibit in Allentown, Pa., April 17 and 18. This exhibit was sponsored by the Regional Union of Holy Name Societies of Lehigh and Northampton Counties under the direction of the Right Reverend Monsignor Leo G. Fink. Father Mathis showed our movie, "The Good Samaritan," to an appreciative crowd in the church hall while Sister Camillus and Sister Alma Julia took charge of the booth and the distribution of literature. Our sincere thanks to Monsignor Fink and the people of Allentown for their hospitality and the many kindnesses shown us.

Kashmir Films

In May Father Mathis received 100 feet of new movie film from Kashmir which he showed us for the first time. Beautiful! While looking at the gorgeous expanses of mountain and valley in what is supposed to be the most beautiful country in the world one of the postulants exclaimed, "My, *there's* plenty of room for a Motherhouse." However, for the present the Society wants the Motherhouse in the United States and not in the Himalayas.

The Motherhouse Fund

Which reminds us that the Motherhouse is still a topic for discussion. When Sister Francis Patrick was home for Easter week she came up to the editor and said:

"What's wrong with your arithmetic?"

"*My* arithmetic?" the editor gasped. She always considered herself pretty good in that line.

"Yes, *your* arithmetic. You said in the April MEDICAL MISSIONARY that the chapel holds 12. I'd like to know where you were going to put the twelfth."

The editor closed her eyes and concentrated. Sure enough. The chapel holds only 11.

"I'll correct that in the next number," she promised.

We might also mention that when we have a solemn High Mass, as we do on such joyous occasions as Easter and Pentecost, the first row of kneelers have to be removed to make room for the clergy, and then the chapel holds only five. And what do the other 25 or 30 sisters do?

Well, one door of the chapel opens into the refectory, which refectory then becomes the choir loft (a screen hiding the table). The other sisters kneel out in the hall and on the stairs going to the second floor.

Summer Vacation

So when the community gets together in June calculations are again in order. The problem is solved temporarily—as far as sleeping space is concerned—by not letting everyone home at the same time. It takes managing. For instance—

Lectures in Holland

Sister Eleanore and Sister Leonie, who just finished their third year in George Washington Medical School, sailed for Holland on

June 9. There they are attending mission study weeks, visiting and giving illustrated talks about medical mission work at schools, colleges, schools of nursing education and to other educational groups. July 4 Sister Eleanore is scheduled to give a radio talk over KRO, Holland, on "Maternal Welfare Work in the Missions." They will return to the States in time to begin their fourth and last year of medical school in September.

Incidentally this is their first trip to their mother country since entering the Society of Catholic Medical Missionaries seven years ago. The Society now boasts of four professed sisters, one novice and one postulant from Holland.

Congratulations

Sister Elise, another of our Dutch Sisters, who has finished her third year at the Women's Medical School in Philadelphia, has been elected a member of the Alpha Omega Alpha Medical Honor Society. Members of the Honor Society comprise selected representatives of nearly all the medical institutions of the highest rank in the United States and Canada.

Others of our sisters who belong to Medical Honor Societies are Doctor Helen Lalinsky, Alpha Omega Alpha; Sister Eleanore and Sister Leonie, Smith-Reed-Russell Society of the George Washington University Medical School.

Others Home for the Summer

Our "Beggars and Travellers," Sisters Xavier, Rita, Angelica and Francis Patrick, who have been busy lecturing, begging, and showing our movie in New York and New Jersey during the school year, have been expected home most any day to swell our numbers. However, new appointments and various meetings that came up delayed their arrival. Sister Francis Patrick had the pleasure of giving a talk on Medical Mission work at the spring meeting of the College Division of the Catholic Students' Mission League of the Archdiocese of New York and again at the Communion Breakfast of the Children of Mary of Saint Michael's Church, Newark, N. J.

Sister Theophane, Sister Timothy and Sister Barbara, who have been taking pre-medical or college courses at Trinity College are also home for the summer.

The Catholic Hospital Convention

Conventions help us solve our housing problem by keeping sisters away from the Motherhouse—an expensive though an educational

solution. Sister Elise and Sister Pauline took charge of our Mission Exhibit at the Catholic Hospital Convention, June 14-18, at Chicago, Ill. One afternoon session was devoted to Missionary problems and Sister Elise had the privilege of reading a paper on "The Professional Preparation of the Medical Missionary."

The Catholic Students' Mission Crusade Convention

We are again graciously invited by Crusade Castle to have a Mission Exhibit at the C. S. M. C. Convention in Cleveland in August, an invitation we are delighted to accept as it gives us a rare opportunity to meet the mission students of today and tell them of our hopes and plans. It is the Catholic youth of today who will carry on the glorious work of bringing souls to Christ tomorrow.

Father Mathis

Since Easter Father Mathis has been commuting between Washington, D. C., Philadelphia, Pa., and Rochester, N. Y., with three or four days a week at our Motherhouse. Father preached our cause at Our Lady of Lourdes Church and at St. John the Evangelist Church in Philadelphia in April. During the month of May he preached at three churches in the diocese of Rochester; St. Mary's, Danville, N. Y., St. Joseph's, Wayland, N. Y., and at Sacred Heart Church, Perkinsville, N. Y. Everywhere he was encouraged by the gracious hospitality of the pastors and the obvious interest and generosity of the people.

One of his most interesting evenings, arranged by Fr. Leo Mooney, director of the Propagation of the Faith in Rochester, was a lecture to the Night High School of Rochester, where our movie, "The Good Samaritan," was shown followed by an open forum at which Father Mathis answered many interesting questions about India and its customs from the student audience.

OUR HELPERS

The Washington Auxiliary

The Auxiliary sponsored a large card party at the Monastery Hall, Brookland, D. C., April 30, to raise money for the Motherhouse Fund. Mrs. Leisman held a smaller benefit bridge for the same purpose. Both parties were well attended and financially successful. Miss Roche, the president of the Auxiliary, announced that the Motherhouse lawn party would be June 26. Our sincere thanks are

extended to the individual members, too numerous to enumerate here, who are working so hard for our benefit.

The Little Flower Mission Circle

This Medical Mission Circle of Harrisburg, Pa., meets in the homes of the various members monthly where they read or talk over medical missions and occasionally arrange some benefit affair to raise extra money. The June meeting was held at the home of Miss Katherine Hemler. The monthly dues are sent to the Medical Mission House. We are very grateful to our kind friends in Harrisburg both for this financial aid and for their encouragement.

The Brooklyn Medical Mission Circle

The Brooklyn Medical Mission Circle, Brooklyn, N. Y., erroneously called the Wieman Club in our last issue, reports an increase in members and quietly but perseveringly works in our behalf. The monthly check they send us speaks more eloquently than many words. Mrs. Wieman, Mrs. Kovacs and the other members have our heartfelt thanks.

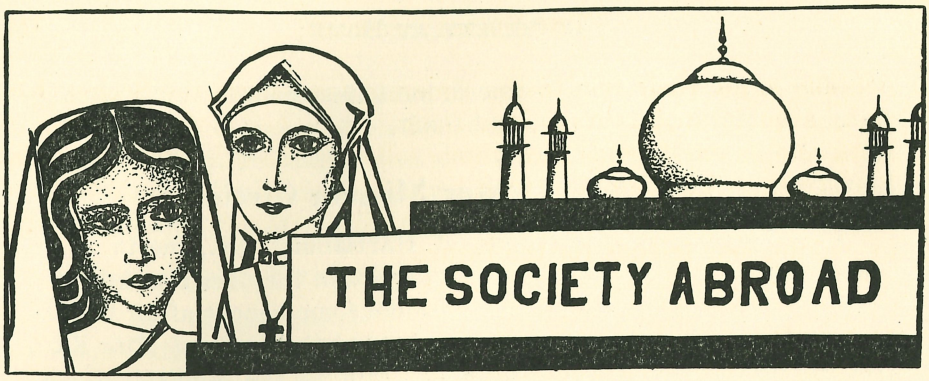
The India Mission Club

This small but zealous club in Fall River, Mass., tell us very little about their activities, but, fortunately for us, do send us an encouraging word and a generous check occasionally. Thanks, India Mission Club, and tell us more about yourselves for our next issue.

The Mathis Clubs

The three Mathis Clubs of New Haven, Conn., do not get into print as much as they deserve. In fact it is difficult to get information from them for they seem to have the principle too deeply ingrained in them of not letting the left hand know what the right hand does. However, under the leadership of Mrs. Francis Cox, Miss Grace Cahill and Miss Alice Cox, they are faithful to their monthly meetings and in their contributions to our cause, for which we are very grateful.

The Medical Missionaries extend their deepest sympathy to one of their most generous benefactors, Miss Agnes F. Keyes of New York City, upon the death of her mother. R. I. P.



ENGLAND

The Medical Mission House in Osterley

We wish to explain, for the benefit of our new readers, that the Medical Mission House in Osterley, a suburb of London, is a postulate for our European candidates. After the postulants have spent six months there they come to Washington for their novitiate. Two postulants from Osterley are expected in Washington early in July. A new group will enter in August.

Garden Party

The annual Garden Party was held on June 19 for the benefit of the Medical Mission House. It was opened by the Rev. Clement Tigar, S.J., superior of Campion House in Osterley. Needlework and other articles which were made by the sisters or given by kind friends were on sale. Other attractions and forms of amusements were presented during the afternoon. Tea was served in the garden. A Grand Whist Drive was enjoyed by all at 7:30 p. m.

Cork Mission Exhibit

A Catholic Missionary Exhibition will be held in the new City Hall, Cork, Ireland, from August 23 to September 5. It will be officially opened by his Lordship the Bishop, the Most Reverend Dr. Cohalan. Every missionary society and mission-aid society in Ireland will be represented.

The Society of Catholic Medical Missionaries will have a booth there along with the Irish Mission Societies. Needless to say we are very grateful for this opportunity of presenting our work and aims to the Irish people. Sister M. Elizabeth and a companion from the Medical Mission House in Osterley will attend the exhibit and inci-

dentally enjoy their trip to the Emerald Isle where the Society has many acquaintances. As Doctor Dengel made her medical studies in Cork and as our friends there have followed the development of the Society since its beginning with keen interest we are happy to have this occasion of meeting our many good Irish friends of the past and of making new friends for the future.

DACCA

The Baby Show

Sister Therese sent us pictures taken at the Baby Show. We are glad to hear that this annual event is getting more popular and doing more good every year. Sister mentioned in her letter:

> *"The mothers and babies give only a faint idea of the crowds and crowds that attended this year. They were all very well behaved, none of the mad rushing and pulling of the clothes of our sisters as in former years. There were sports held for the girls, such as races and so on. One was a balance race. The girls run with clay pots balanced on their heads. The trouble is that too many children wanted to be in everything which caused a lot of confusion."*

A Colorful Event

At the Hindu *Hali* Festival, a kind of *Mardi Gras* in which the people use various colored paints instead of nice, clean confetti, the Medical Missionaries met with some inconvenience. Sister M. Thomas, R.N., who is doing Health Center work and home visiting, sent us her version of the festival:

> *"Easter in Dacca was a very peaceful and quiet one. We were all able to attend the Holy Week and Easter services at the Cathedral . . .*
>
> *"Holy Saturday fell on 'Color Day' here. It is no doubt familiar to you. The people were drenched in the brightest reds and purples and other colors. Their clothing clung to their bodies. Several people on their way to church had their clothing utterly ruined as there is no way of getting the color out. Young and old stand with their pails of wet dye and a tin squirter and they have no mercy on anyone or anything.*
>
> *"The Bishop very kindly sent us home in his closed car and*

even that did not escape a dousing. There was not the slightest hopes of home-visiting on that day.

"Last year one of our nurses had to go out on an urgent case. She no more than got outside the door when her clean 'sari' was drenched with paint. She came back and changed and then, in spite of precautions, she was drenched again. She had to go on her case looking half drowned if not colorful."

The Health Center Work

The Maternity and Child-Welfare Centers report a larger number of women attending every year, thus cutting the maternal and infant mortality rate and improving general health. During 1936 the two centers in Dacca, in charge of the Medical Missionaries, attended 1,441 babies at birth and treated 120 babies monthly.

A little idea of the things that come up in the daily rounds can be obtained from one of Sister France's recent letters:

"We had some Health Movies lately. The poor women never see a movie of any kind so they were thrilled! (Imagine an American audience getting thrilled over a movie showing one how to bathe a baby!—Ed.) There are so many things to be done one would need to be in a dozen places at one time. There are so many babies we would like to visit but we simply haven't the time.

"A few cholera cases are about. It is a marvel there are not more as the flies are so numerous. The patients die very quickly. We visited the home of one patient in the morning where we saw a little two-year old girl playing about. About a half-hour later someone gave her a banana to eat and within an hour the child was dead. Some of them die so quickly there is no time to do anything.

"Lately we visited a mother who was telling us her troubles. She had seven children, all girls. The first four died. Some Mohammedan priest told her to name the fifth one Miriam so she would live. (The Mohammedans have some veneration for the Blessed Virgin as Christ's mother, although they do not accept Him as God). Miriam was three years old when we saw her. None of the others had lived that long.

"The woman asked us what she should name the new baby so she might live too. We suggested Josepha (here they pronounce it Esofa). They moved away a few days later so we do not know whether or not Josepha is still living."

RAWALPINDI

The New Health Center

The joyful news of the opening of the new Health Center in Rawalpindi, under the care of Sister M. Joseph, R.N., is chronicled under Sister Margaret Mary's report on "The Mother and Child in North India" in another part of this issue of the MEDICAL MISSIONARY. We hope to keep our readers informed of the progress of this work in Rawalpindi as we manage to obtain news from our busy sisters over there. The trouble is that the sisters are so busy *doing* things that they cannot find time to *tell* us about it.

The Nosegay of the Month

To Sister M. Vincent who sent us a letter that particularly amused us because she used to have the reputation of being one of the most fastidious people around the Medical Mission House when it came to food and drink. Apparently she can take it.

> *"We were in an Indian house lately and before we came away we were served tea. We sat down and the mother of the house peeled some hard boiled eggs for us. She passed an egg to her husband, he passed it to one of his daughters, she passed it to a little boy who passed it to me. Then I passed it to Sister Mary Laetitia. Alas! The next one I had to keep for myself. The same procedure was gone through with an apple. The apple was peeled, sliced, and then handed around the whole family, hand to hand, until it reached the 'guest.' I have decided that an orange is the best thing to choose in the future because even if they peel it, there is still some skin you can take off.*
>
> *"I'm still on night duty. Sister Magdalene is on general night duty and is taking care of the new-born babies. She's had three cases within the last 24 hours. The hospital is filled."*

Nurses' Examinations

One of our Sisters made out the hygiene examination questions for the North India Examination Board. Many and various were the answers received. One nurse said that in trying to prevent the spread of malaria rich people should surround their houses with little round holes, in other words, wire netting. Another said that in taking care of smallpox patients she always kept her finger nails very short, because the germs liked to hide under them and always

came out from under cover when she scratched or ate. One nurse said she always infected the room with a mild antiseptic such as water, or doused the furniture with H202. One broadminded young lady always bathed her patients in water varying from 100° F. to 300° F. and gave them a bath in pure carbolic acid before their discharge from the hospital!

Tongue or Lamb for Breakfast

One day a European patient came to the hospital in a *tonga* (carriage) and forgot to pay the driver. He waited around and finally asked one of the servants to remind the lady. The boy went in and said something that sounded like "tongue or lamb, 7 o'clock."

"Tongue, please," the lady answered, thinking he was asking what she would like for 7 o'clock breakfast the following morning.

Still the boy waited. Finally some one came to his rescue and found out that what he said, half in English and half in Urdu, was "*Tonga wala* (carriage man) says salaam, 7 o'clock," meaning that the man would like his money and should be paid up to 7 o'clock that evening. But the woman, knowing no Urdu, thought that *tonga* was tongue and *salaam* was lamb—a bit mispronounced.

ARCHBISHOP MOONEY

When our first hospital in India was opened in December, 1927, in Rawalpindi, the Most Rev. Edw. A. Mooney, then Apostolic Delegate to India, offered up the Holy Sacrifice of the Mass for the first time in the new chapel and afterwards blessed the hospital.

As a Delegate to India and Japan Archbishop Mooney has always shown a great interest in missionary work. His Excellency has shown our Society every kindness not only in India but also here at home since its foundation in 1925.

Therefore it is with deep sincerity that we congratulate His Excellency on his appointment to the newly created Archdiocese of Detroit.

WHY DIDN'T I THINK OF THAT?

"The Foreign Missions are simply the Church growing."

—Editorial in THE SIGN.

THE SANTALS OF PATNA MISSION, INDIA

By Rev. James A. Creane, S.J.

The Medical Missionaries are particularly interested in the Santals of Patna Mission because it is among them that we hope to open a hospital in the not too distant future.—Editor.

Patna Mission, India, as the readers of The Medical Missionary may know, has been entrusted by the Holy See to the American Jesuits of the Chicago Province. The Mission is located in northern India and includes the independent kingdom of Nepal, where at present no Catholic priest is allowed. Within its confines is Mt. Everest, the highest peak in the world.

With its population of over 25,000,000 non-Christians Patna is numerically one of the largest of Catholic missions. Approximately one-fortieth of the world's pagan population lives in the mission. Territorially too the Mission is quite extensive, including all of Nepal and a large portion of the Province of Bihar.

According to their religious beliefs, the people of the Mission may be divided into three main groups; namely, Animists, Hindus and Mohammedans. The Animists are aboriginals. They are numerically the smallest group in the Mission and were among the first to yield to our efforts at conversion. During the last seven years we have been baptising them at the rate of over 1,000 per year. The total aboriginal Catholic population of the Mission is now over 8,000.

Chief among the aboriginal tribes of Patna Mission are the Santals. Young aspirants to a missionary career in Patna Mission as well as benefactors of the Mission will no doubt welcome an introduction to these naturally good, simple people.

According to the 1931 census there were about 2,500,000 Santals in northern India. Most of them are in the Provinces of Bihar and Bengal. Of these about 200,000 live in the southwest corner of Patna Mission and constitute what we missionaries call the "Santal Field" of Patna Mission. Besides these some few thousands have migrated into Nepal and may one day prove an opening wedge for the Faith in that forbidden territory.

It is interesting to note that with the exception of the Gualas, and possibly the Brahmins, the Santals are more numerous than any single Hindu caste in Patna Mission.

One of the districts of the Province of Bihar has been named after the Santals. It is called Santal Parganas. It is in this district

that the Santals are most thickly concentrated. They form about one-third of the total population of the district and it is there that the majority of our Santal converts have been made.

Not much is known about the early history of the Santals as they have no literature of their own. Though they have certain traditions about their origin and ancestors, they are unsubstantial and unreliable.

During the nineteenth century there was a gradual treking of the tribe eastward, but during the last few decades census reports show that they are pretty well anchored in their present localities. One reason for their settling down to stay in the Santal Parganas was a Government regulation which made it illegal for the Santals to sell their land. This wise ruling made it impossible for the shrewd money lenders to wrench their well developed lands from them.

Santals are notoriously poor rent payers; a fact which accounts for much of their poverty. The idea of providing for the future seldom enters their heads. When God blesses them with a bountiful crop much of it is gobbled up by the money lenders and what is left is largely squandered during the *Sohrae* of harvest festival, in feasting, drinking and merry making with their friends. Conspicuous among their virtues is their hospitality for their relatives and friends. They are a happy-go-lucky sort of people enjoying the present as far as possible with little worry for the morrow.

Though women and children seldom drink to excess, drunkenness is a common failing of the men. The Government takes advantage of their fondness for drink to reap a large revenue from licensed liquor shops in or near the bazaars frequented by the Santals.

Belief in witches is common among them and it dies hard even after they become Christians. When someone is sick, they frequently think that some witch or *bonga* (evil spirit) is eating the invalid. Hence they will often go to the *kambru guru* (medicine man) to have him prescribe a remedy and propitiate the evil spirit by some sort of sacrifice, usually a pigeon, pig, goat or chicken. Or they may go to the *jan guru* (witch finder) to discover the witch who is devouring their sick relative. The *jan guru,* of course, usually manages to find the witch and demands a handsome fee for his information.

Not infrequently his revelations lead to serious consequences such as family quarrels, fights, and even murder. A few years ago a young man in my mission had sores on his feet. As they were slow in healing he went to a *jan guru* who named a certain woman who was eating him. If he would get rid of her all would be well. Full of

faith in that prediction he crept up behind her one day with an ax and injured her so badly in the back of the neck that she died shortly after. He himself was later hanged for murder, but the villainous *guru*, the cause of the tragedy, went unmolested.

The Santals are a musical people. It is delightful to hear the young shepherd lads playing their bamboo flutes while tending their flocks and to hear the girls and women singing their native airs while planting their rice fields. The Santals have a number of folk songs for their various festivals. Many of our Catholic hymns set to these Santal tunes are charming.

Their chief musical instruments are the *tamak* or kettle drum, the *tumbda*, a long conical drum, the *banam*, a one-string fiddle, the *tirio* or flute made of bamboo, and the brass cymbals.

They have several kinds of dances. The ordinary one in which both men and women take part is rather tame and unobjectionable. Some of them which are danced by men alone are rather lively, wild and often indecent.

Hunting and fishing are popular sports for the Santals. Their chief weapon for wild game is the bow and arrow and they are quite dexterous in its use. Though they use the hook and line for fishing, the more common practice is to use a large net.

They are an agricultural people. Tilling the soil is their chief occupation. Rice, corn and rye are their principal crops. Few of them go in for truck gardening, though a certain amount of it is being done. Cottage industries have no great appeal to them. A few buffaloes or bullocks, a couple of goats, a pig or two, and in places chickens and pigeons are about all they have in the line of live stock. Dogs are plentiful, cats not so numerous, in most villages.

As yet the Santals are for the most part illiterate. They have little appreciation of the value of education. It is no easy task to get their children into school.

Judging from the way pagan Santals talk, one might easily be led to believe that their conception of perfect happiness would be to sit down and eat as they say; that is, to be free from all work, and never get sick and never die.

Of course with education and Christianization of the Santal such ideas are changing. Our Catholic Santals are beginning to realize as a result of our constant preaching that the path to glory is steep and rugged and that a temporal cross is the usual price for an eternal crown.

A WORLD TOUR OPEN TO ALL

Who has not dreamed of a trip around the world! There are all kinds of agencies offering tours to the high spots of world interest. But how few can avail themselves of them.

We are happy to announce a satisfactory solution to this question to anyone who will read. It is a unique trip around the Mission World. Its uniqueness consists in the fact that anybody can make the same trip without leaving his home town or even the family hearth. The trip may be taken alone or in company with your family or friends.

The guide on this tour will be Reverend Heinrich Goertz, who is particularly qualified for this task by his serious studies of mission science under Doctor Joseph Schmidlin, the Father of Catholic Mission Science, and also by his colorful and entertaining style.

These articles will appeal not only to the average reader but particularly to study clubs, such as the Crusade Round Tablers, and other Catholic study groups. These latter will be interested in the additional feature of a picture service that will illustrate the countries visited. The details of this service will be made known later and exemplified at the Catholic Students' Mission Crusade Convention in Cleveland in August.

For the benefit of those who have questions to ask or who desire additional information while on this mission trip, Father Goertz will answer enquiries sent him. These questions and answers will be printed in THE MEDICAL MISSIONARY as far as space permits.

Perhaps the best description of this tour will be a few introductory paragraphs by the author himself.—Father Mathis.

AN OLD TOWN ON THE LOWER RHINE

My young American friends! If you are like the youth of every other land, distant horizons allure you! Indeed, they call you with a thousand voices! Come with me and let us cross the Atlantic to see the beautiful German Rhine! There where it flows slowly as if tired out by its arduous wanderings, at its broadest point, and then rolls on calmly through lowlands between willows and bushes towards friendly, spotless, Holland, to lose itself in the Atlantic.

Come with me to a little town, the houses of which are mirrored in the Rhine! It was a famous *Hansa* town and still dreams of its early Middle-age glory when its great Christian soul perpetuated itself in majestic churches with their valuable treasures.

In close proximity to the river, in the shadow of a three-hundred foot steeple, we find a small courtyard. Every hour it hears the melodies of ancient chimes. Most of the time the air is filled with the aroma of freshly roasted coffee. From its large store-houses are wafted the scent of Dutch cheese and tobacco. Children play, sing and dance in the court until nightfall. In the twilight of a lantern, cats jump, meow, and cry between oil tanks piled to great heights.

A Little Room On the Rhine

The dim, pale light of the lantern blinks into a little room. In its twinkle lies something of respect and pride. For in its neighborhood the earth turns on its axis. I see you are smiling! And yet it is true!

Listen to me! You will see in this little room some of us Germans gathered together: a "philosopher," always keen, critical—but Catholic; a "geographer," who is at home in all corners of the world; an "engineer," who is deeply in love with his movie and phonographic records; a "broadcaster," who speaks with a distinguished accent and dreams of a radio career; a student, who knows much but who talks little (an exception!); a theologian, who is "supposed" always to know the answer; a "Benjamin," who asks many questions. The room also contains a large globe with a picture of Columbus, a geographical map done by the Hamburg-American Line, a movie projector, a phonograph, a strip-film apparatus, and a battalion of books. This is the expedition.

And Why Are We Here?

To make a trip around the world! Not by foot—that is old-fashioned and also too strenuous. Not by airplane, boat or railroad —that is too expensive. And so, we make a virtue of necessity and travel around the world on the wings of the spirit.

The last faded leaves were falling from the trees when we sallied forth to unknown, mysterious coasts. A cold wind from the Rhine was whistling and howling through the narrow lanes. Men were hurrying through the streets with overcoat collars turned up high over their ears.

And when we returned home the Easter-bells were ringing and

premature lilies-of-the-valley tinkled their Easter-Alleluias. Spring painted the Rhine-parks with new colors.

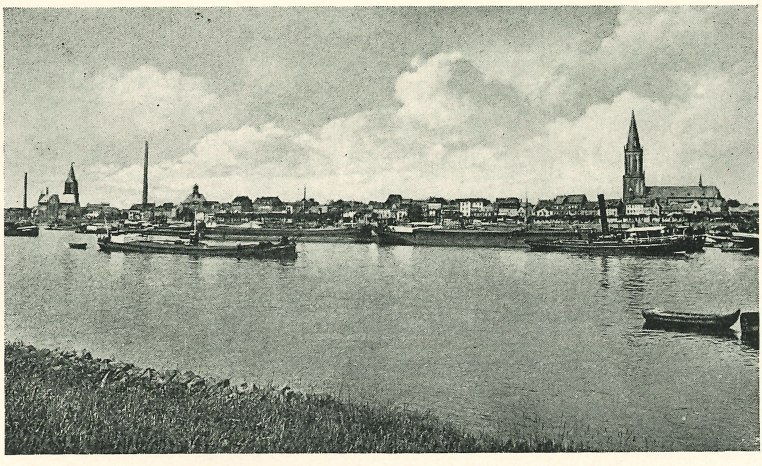
Why did we make the world trip? Was it business interests? —No! For political purposes?—No! Was it youthful romanticism? —A little! Was it longing for distant lands which burns in every German soul alongside of eternal homesickness?—A little! The main idea was: We wanted to follow the Church along its paths around the world; the Church whose nature it is to be Catholic, that is "world wide"; the Church of mankind, which is as big and as broad as humanity itself; that Church which desires to conquer the whole world for Christ its King, a world to which she is entitled, a world of souls which by right is hers.

We wanted to follow the Conquistadores of Christ, the front-soldiers of the Church; to visit the great mission-fronts; to search out the trenches, the outposts in the deepest solitudes and often amidst dangers. We wanted to acquaint ourselves with the "enemies," that is, those powers with which the Church must contend for every foot of conquered territory—dark, gloomy powers! We wanted to see the conquests of the Church, the difficulties with which she must reckon everywhere; to look into the darkness which no starlight penetrates; to feel the red glow of a new day for Christ which is already breaking in many countries; to look into the brilliant day-light, the beaming-golden sun, which has already risen over many parts of the globe. The battle of light with gloom, the battle of Christ with the powers of darkness, the two-thousand years' battle, a small part of this battle,—this!—we wished to see with our own eyes. Here was something that captured and held our attention.

And now into the wide world! Along the roads over which the old but eternally young Church goes forth to conquer. Come with us! Let us bring the earth into our room! Let us place a globe in front of us! Let us adjust the film between the lens and bulb! Let records speak and sing! Let books talk! Let us open wide our eyes, ears and hearts! And then we shall see the world as it is.

—FATHER GOERTZ.

Father Heinrich Goertz.



"An Old Town on the Lower Rhine—"
(See page 126)

A Mother and Child in North India.

Sister Margaret Mary, S.C.M.M., With Some Indian Babies.

THE MOTHER AND CHILD IN NORTH INDIA

By Sister Margaret Mary, S.C.M.M., R.N.

Sister Margaret Mary was a graduate from Mercy Hospital, Muskegon, Michigan, before she became a Medical Missionary. She was sent to Holy Family Hospital, Rawalpindi, India, as a staff nurse in 1931. We are delighted to receive this account of her patients of 1936 and the story of the foundation of our new Health Center in that city.—Editor.

Rawalpindi is located in the Punjab in the extreme north of India, just below the Khyber Pass. The district is largely Mohammedan and purdah is rather strictly adhered to; therefore our hospital is a purdah or zenana hospital, that is, for women and children only.

There was a total of 1,060 in-patients and more than 9,000 out-patients cared for during the year 1936. Of the in-patients, 106 were maternity patients, and it is of these I am giving this report, although some of the statements could also apply to all the patients.

The classification of the patients was as follows:

Hindu	39
Mohammedan	23
Sikh	17
Miscellaneous (including native Christians)	15
European	12
Total	106

Some of the patients came from quite a distance, as in the case of an Afghan woman from Tribal Territory. The European patients are usually the wives of government officials or of business men connected with the oil companies or other concessions in north India. Wherever the word "European" is used, "American" is also understood, as they are practically synonymous here.

The ages of the mothers compare quite well with other nations.

They are as follows:

14-16 years	2
16-18 "	6
18-20 "	12
20-25 "	42
25-30 "	27
30-35 "	10
Over 35 years	7
Total	106

It may be that the girls marry later than native groups farther south or that only the older women are coming to the hospital. The latter reason accounts for some of the cases. For instance, many of the Hindu women come to the hospital because they have already lost several babies and want a living child.

Histories, even if one has a fair knowledge of the language, are unreliable. The patients often do not know their true age or want to give a different age. A Kashmiri woman who gave her age as 19 in 1933 when she came to the hospital for her first baby, gave her age as 17 when she came this year for her third one. She just smiled when I said that I remembered the age she gave before. A woman may say that this is her first child when what she really means is that no other children are living; or she may say she has four children when she means she has four boys, the girls not being counted. For 39 of the patients, this was their first baby.

THE WEIGHT OF THE BABY AT BIRTH

Up to 3 lb.	3
3-4 lb.	1
4-5 lb.	12
5-6 lb.	39
6-7 lb.	27
7-8 lb.	18
8-9 lb.	3
9-10 lb.	2
Over 10 lb.	1
Total	106

It was the Afghan woman from the frontier who had the very large baby. These women live a very free outdoor life compared to other Indian women. The babies from the poorest and lowest castes were the smallest and weakest, as is to be expected among undernourished people. The majority of the European and Anglo-Indian babies

weighed between 7-8 pounds. The average birthrate for our Indian babies is 6 pounds.

Among our mothers, as with the other patients, the results of poverty and ignorance as well as the value of vitamins and sunshine are strikingly exemplified. For example, the Mohammedan woman who has better food, eats meat, fish and eggs, but who keeps heavily veiled and semicloistered in the zenana, does not have as good a health record as the poorer Hindu woman who does not eat meat, fish and eggs, but who has to work in the fields (thereby getting an abundance of fresh air and sunshine) and who lives mainly on rice, vegetables and milk.

The infant mortality was high—16 per cent, or 160 per 1,000. In New York City it is 59 per 1,000 and in Calcutta, India, it is 260 per 1,000. Our rate would be even higher if we could find out how many died within the first year—the method by which the New York and Calcutta figures are calculated. Our infant mortality is not bad, however, when one considers that such a high percentage of our patients are suffering from other diseases, as malaria or dysentery, or have to have Caesarean or other operative procedures due to malformations caused by osteomalacia or rickets. Of the 106 cases, 14 were Caesarean sections.

The Mohammedan patients, in almost every case, came to the hospital because of some abnormality. The greatest number of tuberculosis patients for the entire year from all types of patients was from the Mohammedan women. Lack of fresh air and sunshine in a land of sunshine!

There were three deaths among the 106 mothers, but all were from abnormal cases. That makes a death rate of approximately 3 per cent. Considering that the death rate in the unsupervised areas of the city of Rawalpindi is 13 per cent, our hospital death rate is excellent in comparison. In the United States the maternal death rate (1934) was 5.9 per 1,000, or much less than 1 per cent.

Immediately after finishing this report, I attended a lecture by the Inspector of Health Visitors in the Punjab. These are a few of the facts that were brought to light and discussed:

1. There are no laws in Rawalpindi regulating obstetric practice. No one supervises the native *dhais* (midwives). Trained or not trained, the *dhais* have to render an account to no one. They take care of abnormal cases, do not have to call in medical assistance, need not report sepsis or death.

2. There are two Health Visitors, who cannot begin to supervise the work to be done.

3. There is no registry for *dhais*. Any women may and almost anyone who cares to does maternity work, no matter how dirty and inefficient she may be.

4. Among those unsupervised cases the maternal death rate is 13 per cent, the infant death rate at least 39 per cent.

A committee was then formed to do something about improving conditions. Sister Mary Laetitia, our Superior at Holy Family Hospital, was appointed to the committee and had an opportunity to explain to the other members how our Sisters manage the Health Centers in Dacca, where among the 1,441 maternity cases under their supervision in 1936 the maternal and infant mortality was about half of what it was in the rest of the city.

To shorten a long story, the authorities asked us to open a similar Health Center in Rawalpindi, which we were delighted to do, although it means more work and extra help. We opened this Center May 1, with Sister M. Joseph, R.N., as Health Visitor. Sister Joseph has a native Bengali Sister assisting her, and with her usual big smile and a little Hindustani, she manages the work very well. We must all pray very hard now that this Health Center will be a success, both from the medical and the spiritual viewpoint.

THE CONVERSION OF THE PARAVARS

The present social and religious situation in India in which some of the 60,000,000 untouchables may come into the Church, either in large or small groups, brings to mind some of the "mass conversions" of history.

In the early Church such conversions were common, for instance, when Saint Peter baptized 3,000 after his first sermon and 5,000 on another occasion.[1] Leaving these examples where the miraculous played so large a part, we find others more closely approximating present conditions where political or social changes brought whole peoples or tribes into the Church as in the case of the Germanic and Slavic tribes, in the first centuries.[2] Although the motives for embrac-

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[1] Acts of the Apostles, 3:41, 4:4.
[2] Schmidlin, Joseph, D.D., "Catholic Mission Theory," p. 276.

ing Christianity were not always religious—on the contrary, "conversions" were sometimes made at the point of the sword—Divine Providence drew good from evil and "true conversion" quickly followed. In such cases Christianization came after the administration of the Sacrament of Baptism, unlike the order with which we are familiar today.

An interesting example of "mass conversions" is outlined in a brochure [3] recently published in commemoration of the Four Hundredth Anniversary of the Christianization of the Paravars of the Pearl Fishery Coast in India. The sacerdotal silver jubilee of the Most Reverend Francis Tiburtius Roche, S.J., D.D., was observed at the same time. Bishop Roche an Indian Jesuit, is the present Bishop of Tuticorin, in which diocese the Pearl Fishery Coast is located.

The following is a brief résumé of the brochure:

The strip of coast from Cape Comorin to Adam's Bridge, noted for its pearl fisheries since time immemorial, was called the Pearl Fishery Coast. The natives were continually forced to ward off attacks of the Mohammedans, and finding their power gradually diminishing, they called in the Portuguese to help them. The arrival of the Portuguese sounded the knell of Moslem sea-power in Indian waters, although the Mohammedans did not give up without a struggle since the ultimate result meant not only money and power, but Islamism, Christianity or Paganism in that part of the world.

When the Paravars became the protegés of the Portuguese, the hatred of the Mohammedans for the Portuguese extended to them as well. Besides this, they were enduring the tyranny of the Hindu ruler, the Great King of Cape Comorin. At that time, Don John da Cruz, a Chetty born in Calicut, pointed out to them that conversion to Christianity would forever secure them Portuguese protection. During two years of peace with the Mohammedans, about 1535, Don John, with motives probably not entirely disinterested, began to evangelize the coast. His letter to the King of Portugal explaining why and by what means he brought about the conversion of 80,000 Paravars and how he hoped soon to increase that number to 200,000 is interesting, though probably exaggerated. Since the Paravars were being persecuted and massacred by the Hindus and Moslems it is easily seen that they were willing to grasp this chance of protection. What is not so easy to understand is how God makes use of these

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[3] Fourth Centenary of the Planting of the Cross on the Pearl Fishery Coast. Adapted from Rev. J. Schurhammer, S.J., by Rev. P. Dahmen, S.J.

material motives to bring about a certain good.[3] It was a case of "mass conversions" for material gain, but the work of the missionaries who later carried on the "real conversion" or rather the "Christianization" of the people was thereby rendered more simple and effective.

King John of Portugal wanted the Christianization of his Paravar "converts" and for that reason he needed missionaries. He appealed to Saint Ignatius who in answer sent Francis Xavier to start the first Jesuit Missions in Asia.

Saint Francis Xavier, writing to Europe shortly after he landed on the coast, said: "As soon as I arrived at the coast I tried to ascertain what knowledge of Christ Our Lord they had. . . . They answered that they were Christians, but that being ignorant of our language they did not know our law and what they had to believe." [4]

The report contained in the brochure notes the progress made on the Fishery Coast from the time of the "conversion" to the present date. The effects of changes of government, the decline of Portuguese influence, the suppression of the Jesuits and their subsequent return, all make interesting reading and show the effects of political and economic changes on mission work.

In 1923 the Fishery Coast became a separate ecclesiastical unit, namely, the Diocese of Tuticorin, with the Most Reverend Francis Tiburtius Roche, S.J., D.D., as the first bishop.

The report contains figures illustrating the present happy condition of the coast, such as

201 elementary schools
15,000 children being given a Catholic education
1 high school for boys and one for girls
51 clergy and a little seminary
9 industrial schools
5 industrial schools in which nearly 1,000 boys and girls are employed.

The report closes with congratulations to His Excellency, Bishop Roche, to whom much of the credit for this progress is due.

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[4] For details of the work of Saint Francis Xavier in the Fishery Coast as well as his more extensive mission work, the reader is referred to "The Life and Letters of Saint Francis Xavier," by H. J. Coleridge.

ANOTHER LETTER ANSWERED

"Will you have time to answer this?"

I unfolded the letter the Superior put in my hand and read it. It came from a high school girl and was as follows:

"Dear Sister:

"We, the Juniors of St. Mary's High School, are debating the proposition, *Resolved: That home missions should be our first concern rather than foreign missions.* We are members of the negative team. We would appreciate any information that you could give us, etc., etc. Kindly answer as soon as possible. Respectfully yours—"

"Why, yes." I said, "I'll answer it."

Thereupon I pushed aside the "thank-you" letters and "we-are-very-sorry" letters and subscriptions letters piled on my desk, took out a full-size sheet of paper, put it in the typewriter, dated it, and then sat back and waited for an inspiration. Finally I got started, although the Holy Ghost may or may not have had anything to do with the result.

"Dear Mary:

"I'm very glad you are on the negative team as otherwise I would be of no earthly use to you, as my answers are all in favor of the Foreign Missions. That's why I'm here. I mean that's why I'm in a foreign mission society. The reason I'm here in Washington answering your letter instead of handing out quinine capsules to malaria patients in Rawalpindi is because—

"1. A mission community needs somebody at home to do propaganda work and to help edit the missionary magazine connected with the community—in this case THE MEDICAL MISSIONARY.

"2. Somebody has to stay home and raise funds to keep the work going, to feed and clothe and educate the postulants and novices and the Sisters who are studying to be doctors or nurses and so on.

"3. Somebody has to send out appeals and go out begging and resort to all sorts of ways and means to raise money for a new Motherhouse—which we need more than anything else just now—because so many girls want to be Medical Missionaries and we want to give them the chance to be Medical Missionaries,

but the tiny Motherhouse we now have isn't half large enough for those of us who are already here.

"4. And somebody has to stay home and write letters—'give-me' letters and 'thank-you' letters and 'we-sincerely-regret' letters—and letters such as yours—which are a pleasure to answer all the same."

There the Holy Ghost—or something—failed me. I had already used up a good full-size sheet of paper and yet I hadn't begun to answer the proposition. Instead of that I was pouring out my tale of woe. With a sigh I gazed into space. Seeing that apparently I had time on my hands Sister Agnes Marie asked me to write a couple of "will-you-be-so-kind" letters "right away." Then the telephone rang. Finally, with another prayer to the Holy Ghost, I took out a second piece of paper and went back to Mary's letter.

"Now to get back to the proposition; my arguments would be something like this:

"1. Our Lord said to the Apostles, 'Going, therefore, teach all nations, baptising them, etc.' (Matt. 28:19-20). Notice that He did *not* say, 'Stay ye first in Jerusalem until the Jews are all converted and *then* go ye forth, etc.' "

That took more of my time than I planned because I had to look up the Scripture text. I suppose I gave Mary the impression that I was quite a Scripture scholar and had chapters and verses on my finger tips. Then Sister handed me a couple of "mite-box" letters to answer, but finally I continued Mary's letter.

"2. Almost immediately after receiving the Holy Ghost the Apostles divided the known world among them and scattered far and wide to spread the Gospel. Imagine! St. Thomas went as far as India!"

Here my memory failed me but not my zeal. I recalled that Doctor Dengel had given us that very thing to look up in Mission Science Class last Fall so I hurried over to the class room and dug up my notes. Thus fortified I went back to my letter.

"St. Bartholomew went to Arabia, St. John to Asia Minor, St. Peter to Rome (after ten years), St. Andrew to Scythia and Greece, St. Jude went to Mesopatamia and Persia where he later met St. Simon who went to Egypt and then to Persia, etc. Would they have done so when the Church was still so small and with so few converts *at home* unless the Holy Ghost wanted it that way?

"3. The devil appreciates the importance of spreading his doctrines as widely as possible. Do you know that communists

from Russia are being sent into China, India, Japan, Africa and even into the most remote districts to preach their doctrine of atheism under the guise of so-called communism? The millions of under-privileged and hard-pressed pagans will accept this dangerous help unless we can offer them the sweet doctrine of *real* brotherhood instead.

"4. In many of the mission fields whole villages or tribes are begging for priests to come and make them Catholics. Isn't it a sad thought that it is only a lack of workers that is preventing the harvest from being garnered! Since the political upheaval in India where 60,000,000 Hindus are talking about leaving Hinduism many thousands here and there are flocking to the Church. Alas! Many too are going over to Mohammedanism. In places there are not enough priests to take care of those who want to become Catholics. Catechists can be used to a certain extent, but that means money, and the money must come from those of us back home who can give it or beg it, and thus the story goes."

The bell rang for prayers and my letter was unfinished. After prayers there was dinner, then dishes to wash. Back to the office I found a list of the names of 27 people to whom I was to send THE MEDICAL MISSIONARY, file the names, etc. I just finished that when the bell rang for spiritual reading, after that rosary. Before I got back to the office I received a message that I was wanted in the parlor.

Friends from the *Home Town* were passing through Washington on their way home from Florida and stopped to look me up. How kind! When was I going to India? I didn't know. Perhaps by Fall. Perhaps by that time we would have a new Motherhouse—

It was a nice visit. One of the girls was a nurse from the same hospital I came from. I wondered if she thought of being a Medical Missionary. The afternoon was half gone before I got back to the typewriter.

"5. What about the pagans right here in the United States? Ah, yes! But they have the means of salvation offered to them —and if they won't accept them? What does our Lord Himself say about shaking the dust of their cities off your feet and going elsewhere? You may look up the exact quotation if you wish as my time is getting short."

Yes, I had better let Mary look up her own quotations. I put another sheet of paper in the typewriter. A bell rang and a Sister looked in at the door.

"That's our bell, Sister. Nursing class."

Heavens! And I never studied my lesson.

Forty-five minutes later I was back at my desk. I must hurry.

"6. We are short of priests and Sisters here at home. Another objection easy to answer. Do you know that the history of the Church bears out the fact that the more generous a diocese or community is in giving priests and Sisters to the missions the more young men and women enter at home to take their place? In other words, vocations increased proportionately. The same seems to hold of finances. The people who will not give to the missions are not likely to support their home parish either."

I looked at the clock. Only one-half hour left for typing. Then the bell would ring for supper. After that more dishes to wash, then recreation and night prayers. I went back to work.

"7. Charity is the queen of all virtues. 'Thou shalt love they neighbor as thyself.' And who is my neighbor? The Gospel of the Good Samaritan tells us that all mankind is my neighbor—the lowest outcaste of India, the poorest black in Africa, and how can I love him without wanting to share with him the dearest possession I have, namely, the knowledge and love of Jesus Christ?

"I'm afraid that I have written rather a long letter and yet haven't covered half of what ought to be mentioned. What I have written, too, may seem rather vague and disconnected but I have been interrupted a few times.

"Hoping this will be of some help to you, although I'm sure you will win anyway, I am

"Sincerely in J.M.J.,

"SISTER ALMA JULIA."

I was seriously tempted to add a post-script to the effect that if everyone who wrote us letters would enclose one or two postage stamps it would save us some hundreds of dollars a year. Instead of that, for fear she would take my utterances as Canon Law or quote me as one having authority, I added under my signature,

"Just a Secretary."

Three weeks later I received a lengthy reply, which began:

"Dear Sister:

"I thank you for your lovely letter of May 1. *Our* side won!"

Book Reviews and Review of Reviews

ZEITSCHRIFT FÜR MISSIONSWISSENSCHAFT. Prof. Dr. J. Schmidlin. MÜnster, April, 1937.

The first article in this number is written by Prof. Dr. Thomas Ohm, O.S.B. on "The Bible as a Mission Means." Curiously enough, this seems to be a rare topic in contemporary mission literature. Professor Ohm mentions the absence of any article on this subject from the *Bibliografia Missionaria* of 1925, from the Mission Week of Louvain of 1933, which discussed "Education in the Missions," from the first 25 volumes of the Zeitschrift, etc. This is the more surprising when we consider the paramount place which the Bible takes in Protestant mission work. But Catholic missionaries have always laid more emphasis on the catechism than on the bible in the teaching of converts, thus the reading of the Old Testament especially has been neglected. This was not simple oversight. Not all the parts of the Old Testament are suitable reading material for uneducated, recently pagan people. It has always been considered decidedly dangerous to translate the whole Old Testament into the vernacular and publish it without annotations, as is done indiscriminately by some Protestant Bible Societies.

Still, it must be maintained that the reading of the Bible, particularly of the New Testament, should be taught and fostered in the missions. To that end more and better translations are needed, more extensive distribution, and more emphasis on the Holy Scriptures from the pulpit and in the schools. Dr. Ohm advises also to combine catechism with bible teaching in the instruction of converts, thus adding the "living word" to the abstract formulas of the catechism.

Closely related to the above article is the study of Prof. Schmidlin on "The Printing Press in the Missions." After a short historical review, the author gives and discusses the present status of Catholic publications in the mission field, bringing out the utter inadequacy, both quantitatively and qualitatively, of the daily press and scientific periodicals everywhere in the missions.

Under the "Smaller Contributions" Prof. Schmidlin voices his surprise at the lack of recognition and interest concerning the missionary problem at the recent Eucharistic Congress in the Philippines,

and the false statements concerning the state of the Catholic Church in that country, made in the German press at that time. The usual annual criticism of the Mission Science Courses in Rome, a review of the "Revue d'Histoire des Missions" of 1934 and 1935, two book reviews and a mission bibliography for 1936 conclude this issue.

L'AIDE MÉDICALE AUX MISSIONS. Brussels, January, 1937.

This number opens with a review of the Belgian medical mission work of 1936. It contains nothing but good news: a new mission station started in Rungu, Belgian Congo; a number of young candidates put on the list for the desirable post of mission doctor in Africa; more than 450 complete physical examinations of prospective missionaries in one year; all those items bespeak lively activities and undiminished zeal.

The discussion of the "History and Purpose of the Aide Médicale aux Missions" is concluded in this issue. The most interesting chapter in this article is the description of the relation of the A.M.M. physicians to the Belgian Colonial Government, with all its advantages and disadvantages. These doctors are treated in every respect as government officials, with passage to the Congo paid, regular salary, furlough and pension. They are under a dual authority, the mission superior and the government. The directors of the A.M.M. realize fully that this might lead to serious complications, but in actual practice the agreement works very well. Minor difficulties, which are bound to arise, have always been happily settled by the involved parties themselves. The high ideals of the colonial government in the matter of sanitation and health of the natives, and the careful observance of the contract help to avoid dissension.

A short resume of the work of the Ladies' Auxiliary and some excellent medical statistics from Tshumbe, one of the medical centers in the Congo, are followed by a well-written article on the prevention of malaria, which stresses particularly personal prophylaxis by means of screening, quinine, pools of stagnant water, etc. Finally, there is a reprint of Dr. Franchini's address to the Collegium Urbanum in Rome, on "Medicine in the Missions," first published in *Il Pensiero Missionario* of October 1936.

INTERESTING ARTICLES IN FOREIGN MAGAZINES

"Foreign Missions and Social Action," from "The Tablet," March 6, 1937.

Among other examples of social action of missionaries this article tells of the work of Father Lievens in India. After Father Lievens pleaded successfully in every case of ejection, the British Government altered the Land Act. Today the Christians in that section number 400,000.

"Bibliographie de la Langue Chinoise," by T. Ghyselink, S.J., in "Collectanea Commissionalis Synodalis," April, 1937.

A bibliography of Chinese books, including the fields of grammar, profane literature, religion (ascetical, dogmatic, and apologetic), biographies, encyclicals and dictionaries, which is not entirely complete, but is a valuable contribution.

"Coutumes des Banjouns a la naissance, au mariage et a la mort," by A. Albert in "Les Missions Cathliques," March, 1937.

Of interest from an ethnological standpoint, on account of the increasing European and Mohammedan influence in North Cameroon.

"Les Iles Philipines du Grand Archipel de la Chine," by P. H. Bernard, S.J., in "Collectanea Commissionis Synodalis," April, 1937.

The last of this series of interesting articles points out that while in the English and Dutch colonies the continuation of the Catholic apostolate had been made impossible, the missionaries on the Philippines were able to proceed with their evangelizing task and thus made it a stronghold of Catholic Christianity in the extreme orient.

"Het Katholicisme in Afrika," by Alphons Mulders in "Het Missiewerk," May, 1937.

This reviews the mission results up to the present day on this continent, and gives an outlook for the future, with all the difficulties entailed for missionaries.

"La vaccination antituberculeuse par le B.C.G. en Extrême-Orient," by J. R. and Y. Ch. Lieou in "Bulletin Medical, Université L'Aurore," January-March, 1937.

Experimental work and its application to man with the B.C.G. vaccine in Indo-China and China is here discussed, with an enumeration of the principles which must be followed for a successful general anti-tuberculosis vaccination in China.

"Unter den Munduruku in Nord-Brasilien," by C. Strömer, O. M., Rom, in "Die Katholischen Missionen," April-May, 1937.

A very valuable ethnological description of the Munduruku Indians of North Brazil, their character, customs, occupation, religion, morality and their gradual conversion to Catholicism; a task made notably difficult since the Indians possessed no written language.

"Afrikanische Kirchenbaukunst," by Sepp Schullet, Aachen, in "Die Katholischen Missionen," May, 1937.

The creation of a truly African Church architecture is an essential condition for a genuine and real connection between the soul of the native and Catholicism.

ABOUT LEPERS. Compiled by Evelyn Thomas. Samuel Walker, Hinkley, and at 23 Breams Buildings, London, E. C. 4.

In this interesting and instructive booklet the compiler, Evelyn Thomas, President of the Catholic Woman's Missionary League, contrasts the treatment of lepers in Europe in the Middle Ages with that of the present day. She shows the part Father Damien played in firing numerous priests, sisters, doctors, and nurses with zeal and devotion in dedicating their lives to this cause.

The chapter on "Personal Touch" shows that while we of today cannot cure by a mere touch, as Our Lord did, still we can by this personal touch in the form of scientific knowledge coupled with love and devotion, cure, or at least relieve the leper.

Then follows a vivid and soul-stirring description of leper colonies, experiences with patients, etc. These descriptions were provided by priests and sisters.

The final chapters deal with the general treatment of leprosy and show how those who are unable to give their lives to this cause may give prayers, clothing, medicines, etc.

HOW CAN I HELP THE MEDICAL MISSIONARIES?

1. *Prayer*:

Without the grace of God we can do nothing. Remember the Medical Missionaries in your Masses, Holy Communions and other prayers.

2. *Financial Aid*:

The Rt. Rev. Msgr. Thomas J. O'Donnell, National Director of the Propagation of the Faith, speaking of the present status of the Society of the Propagation of the Faith, says: "At present it can give each missioner only about 15c of every $1.00 that he needs. And that means that the other 85c must be found somehow and somewhere by the missioner or by the mission society that has placed him in the field."

SUGGESTIONS

Form a Good Samaritan Club.

Gather together a few of your friends and form a club. Elect your officers and formulate a definite program whereby you can raise money for the missions, by rummage sales, bake sales, card parties, etc. Register your Club at our Motherhouse and you will share in all the prayers, good works and sacrifices of all the MEDICAL MISSIONARIES both at home and on the mission field.

Adopt a Medical Missionary Sister.

$1.00 a day. $25.00 a month. $250.00 a year.

Help Educate a Medical Missionary Sister.

As a Nurse ..... $100.00 a year
As a Doctor:
Tuition ..... $500.00 a year
Books, instruments, transportation, etc. ..... 250.00 a year
Board, room and clothing..... 250.00 a year

Provide Passage or Some Part of It for a Medical Missionary Sister En Route to the Orient.

The fare is 3c a mile and it is 10,000 miles to our missions in India. $300.00 covers complete passage.

Burses

$10,000.00 will found a BURSE by which the education of a MEDICAL MISSIONARY as a DOCTOR is provided for in perpetuity.

$2,500.00 will found a BURSE by which the education of a MEDICAL MISSIONARY as a NURSE will be provided for in perpetuity.

Remember Us in Your Will.

Our legal title is THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES, INC., MEDICAL MISSION HOUSE, BROOKLAND, WASHINGTON, D. C.

ROME HAS SPOKEN!

"It has always been the practice of this Sacred Congregation to have the methods of the apostolate conform to the varying needs of time and place. . . . This Sacred Congregation would like to see new religious institutes for women founded who will dedicate themselves principally to health work, making due provision for necessary safeguards. . . . These new duties demand a proper technical and spiritual preparation. The Sisters should obtain certificates as doctors and nurses . . ." (From the Decree of the Sacred Congregation of Propaganda Fide.)

OUR PART!

Rome's wish is Rome's command for us. We must go forward with greater energy, courage and confidence. Our most urgent need is a larger house where our young Sisters may prepare for their life's work as Medical Missionaries in India and other mission fields.

YOUR PART!

Become a partner with us in our work by your Investment in our MOTHERHOUSE FUND!

Anyone who contributes $100.00 to the MOTHERHOUSE FUND will be enrolled as a FOUNDER. These FOUNDERS will have their names inscribed in the new MOTHERHOUSE,—names whose memories will be kept perpetually green in the daily Masses offered there and in the prayers, sacrifices and good works of the Medical Missionaries. These prayers and good works will ascend to heaven "as an odor of incense," benefiting the FOUNDERS during life and after death.

The Society of Catholic Medical Missionaries

The Society is a COMMUNITY of Sisters—doctors and nurses, who devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries; also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa, and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house-to-house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca; also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is 30 years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

For further information, apply to:

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